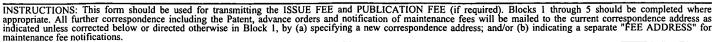
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000



maintenance fee notification	ns.		specifying a new o	correspondence address	; and/or (b) indicating a sep	parate "FEE ADDRESS" for	
	CE ADDRESS (Note: Use Block 1 for 590 12/16/2004	any change of address)	IPE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Robert S. Swecke BURNS, DOANE, P.O. Box 1404 Alexandria, VA 22	SWECKER & MATH	IIS, L.L. MA	R 1 0 2005	I hereby certify that the	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi il Stop ISSUE FEE addres PTO (703) 746-4000, on the	nsmission ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.	
,		Ser.	A REAL PROPERTY OF THE PROPERT			(Depositor's name)	
		~	ADEMB			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/843,836	04/30/2001	Timethy Griff		1	033275-212	1029	
TITLE OF INVENTION: C	ATALYTICALLY OPERA	TING BURNER					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/16/2005	
EXAMINER		ART UNI	T C	LASS-SUBCLASS]		
PRICE,	3749	3749 431-007000					
 Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee dof this form is NOT	lata will appear on t a substitute for filin	the patent. If an assign g an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
ALSTOM TECHNOLOGY LTD BADEN				DEN, SWITZERLAND			
Please check the appropriate	assignee category or catego	ries (will not be prin	nted on the patent):	☐ Individual ☐ C	orporation or other private g	roup entity Government	
4a. The following fee(s) are	enclosed:		Payment of Fee(s):				
Issue Fee			A check in the amount of the fee(s) is enclosed.				
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies1			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
Advance Order - # of	Copies	·	The Director is Deposit Account Nu	mber <u> </u>	harge the required fee(s), o (enclose an extra	r credit any overpayment, to copy of this form).	
	(from status indicated above MALL ENTITY status. See		b. Applicant is no	o longer claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issu abligation Fee (if required) vords of the United States Pate	ne Fee and Publicati vill not be accepted ent and Trademark (on Fee (if any) or to from anyone other t Office.	re-apply any previous han the applicant; a reg	y paid issue fee to the applic istered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	de Clan	1eg No	32,858	Date 3.237	1085 ANSO2 000000	50 09843836	
Typed or printed name	Robert S. Swe	cker		Registration	No. 19,885		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a belief to the Habilic which is to file (and by the USPTO to brocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Complete, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents Processing 1450, Alexandria, Virginia 22313-1450.

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